

**Exhibit B**

Permit No: (DMLR use only)	1201508
Bond Applied To: (DMLR use only)	<i>Bond Replacement</i>
Bond No:	1137418



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS AND ENERGY  
DIVISION OF MINED LAND RECLAMATION  
P. O. DRAWER 900; BIG STONE GAP, VA 24219  
TELEPHONE: (276) 523-8100

**SURETY BOND**

KNOW ALL MEN BY THESE PRESENTS, THAT THE UNDERSIGNED

**DOMINION COAL CORPORATION**

(hereafter **PRINCIPAL**),

whose principal place of business is 1051 Main Street, Milton, WV 25541

and who does business as a [CHECK ONE ONLY]:  Corporation;  Limited Partnership;  
 Limited Liability Company;  Partnership; or  Sole Proprietorship, acting herein as **PRINCIPAL**, and  
Lexon Insurance Company  
(hereafter **SURETY**).

whose principal business address is 10002 Shelbyville Road, Suite 100, Louisville, KY 40223  
and who was organized and is existing under the laws of the State of Texas  
and licensed to write and perform surety business in the Commonwealth of Virginia. are held and firmly bound unto  
the

**COMMONWEALTH OF VIRGINIA,  
DIRECTOR, DIVISION OF MINED LAND RECLAMATION**  
(hereafter **OBLIGEE**).

in the sum of Two Hundred Seventy Thousand and 00/100  
(\$ 270,000.00) Dollars for the payment of which sum the **PRINCIPAL** and **SURETY** bind  
themselves, their heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these  
presents.

**THE CONDITION OF THE ABOVE OBLIGATION is such that:**

**WHEREAS**, the **PRINCIPAL** proposes to commence coal surface mining to be known as  
**Dominion #36**

in Buchanan County(ies) of Virginia; and,

**Department of Mines  
Minerals and Energy**

**AUG 24 2016**

Permit No: (DMLR use only)	1201508
Bond No:	1137418

WHEREAS, the above-named **PRINCIPAL** has submitted [CHECK ONE ONLY]:

\_\_\_\_ **Permit Application Number** X **Permit Number** 1201508 including a mining and reclamation plan, to conduct and reclaim a surface coal mining operation, as defined pursuant to the **VIRGINIA COAL SURFACE MINING CONTROL AND RECLAMATION ACT** (hereafter **ACT**), as amended, with its attendant regulations; and,

WHEREAS, the **PRINCIPAL** has chosen to file this performance bond as a guarantee that the reclamation of the land disturbed during this surface mining operation will be completed as required by the **ACT**, its attendant regulations, and as specified in the permit as issued; and,

WHEREAS, the **SURETY**, and their successors and assigns agree to guarantee the obligation and to indemnify, defend, and hold harmless **OBLIGEE** from any and all losses and expenses which **OBLIGEE** may sustain as a result of the **PRINCIPAL'S** failure to comply with the condition of the obligation;

WHEREAS, obligations guaranteed by this performance bond shall be in effect for the following described lands approved as the permit area or increment upon which initial or succeeding operations will be conducted:

**Dominion #36**

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NOW, if the **PRINCIPAL** faithfully completes all reclamation and abatement requirements set forth in the **ACT** and its Permit issued in reliance on this Surety Bond, including the mining and reclamation plan, then this obligation shall be void; otherwise, it shall remain in full force and effect beginning on the date of the approval and issuance of [CHECK ONE ONLY]:

\_\_\_\_ **Permit Application Number** X **Permit Number** 1201508 pursuant to the **ACT** and continue until:

- (a) the permit has been completed to the satisfaction of the **OBLIGEE**, or
- (b) the bond is released pursuant to the **ACT**, or
- (c) in the event neither (a) or (b) above applies, for a minimum period of five (5) years for a general permit or two (2) years for an approved plan for remining. This shall be the minimum period of extended responsibility unless the bond is replaced in accordance with the **ACT**, or unless the permit has been sold, reassigned, or otherwise transferred in accordance with the **ACT**. It shall be further understood that if the **PRINCIPAL** performs any augmented seeding, fertilization, or other supplemental reclamation work on the site prior to bond release, the period of liability under this bond shall begin again subject to the exception found in the **ACT**

The failure of the **PRINCIPAL** to fulfill the obligations specified by the **ACT** and its permit shall result in a forfeiture of this performance bond according to the procedures described in the **ACT**.

The **SURETY** shall not cancel this bond at any time for any reason, including non-payment of premium or bankruptcy of the **PRINCIPAL** during the period of liability. The amount of the **SURETY'S** liability may be adjusted by the **OBLIGEE** pursuant to the **ACT** for lands covered by this bond.

The **SURETY** shall give prompt notice to the **PRINCIPAL** and to the **OBLIGEE** of any notice received or action filed alleging the insolvency or bankruptcy of the **SURETY** or of the **PRINCIPAL**, or alleging any violations or regulatory requirements which could result in suspension or revocation of the **SURETY'S** license to do business.

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Minerals and Energy

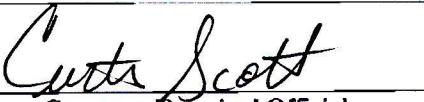
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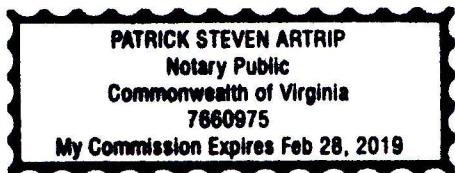
Permit No: (DMLR use only)	1201508
Bond No:	1137418

In the event the **SURETY** becomes unable to fulfill its obligations under the bond for any reason, notice shall be given immediately to the **PRINCIPAL** and to the **OBLIGEE**. Any proceeding, legal or equitable, under this bond must be instituted in a Virginia court of competent jurisdiction and shall be governed by the laws of the Commonwealth of Virginia.

Upon the incapacity of the **SURETY** by reason of bankruptcy, insolvency, or suspension or revocation of its license, the **PRINCIPAL** shall be deemed to be without bond coverage in violation of the **ACT** and subject to enforcement actions described in the **ACT**.

**I. BY COMPANY/PRINCIPAL:**

Dominion Coal Corporation Company /Principal	(SEAL) By: 
Secretary	7-5-16
Title	Date
Subscribed and sworn/affirmed to before me by	Curtis Scott
this <u>5<sup>th</sup></u> day of <u>July</u> 20 <u>16</u> , in the State of <u>Virginia</u>	
in the City/County of <u>Russell</u>	
<u>PATRICK S. ARTRIP</u> Notary Public Name (printed or typed)	<u>Patrick Steven Artrip</u> Notary Public Signature <sup>1</sup>
My Commission expires <u>2/28/19</u>	Registration No. <u>7660975</u>



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<sup>1</sup> Pursuant to §47.1-15(3) of the Code of Virginia, as amended, the notarial certificate wording must be contained on the same page as the signature being notarized.

Permit No: (DMLR use only)	1201508
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**II. BY SURETY: Attach copy bearing seal of Power of Attorney or documentation supporting Corporate Officer's authority to issue surety bond.**

Lexon Insurance Company \_\_\_\_\_ (SEAL) By:   
Surety Name \_\_\_\_\_ Attorney-in-Fact \_\_\_\_\_

March 8, 2016 \_\_\_\_\_ Brook T. Smith \_\_\_\_\_  
Date \_\_\_\_\_ Attorney-in-Fact Name (printed or typed)

**AFFIDAVIT AND ACKNOWLEDGEMENT OF ATTORNEY-IN-FACT**  
COMMONWEALTH OF VIRGINIA

(or, alternatively, Commonwealth or State of \_\_\_\_\_ Kentucky \_\_\_\_\_)

CITY/COUNTY OF \_\_\_\_\_ Louisville/Jefferson \_\_\_\_\_, to wit:

I, the undersigned notary public, do certify that \_\_\_\_\_ Brook T. Smith \_\_\_\_\_

personally appeared before me in the jurisdiction aforesaid and made oath that he/she is the

attorney-in-fact of \_\_\_\_\_ Lexon Insurance Company \_\_\_\_\_

the Surety, that he/she is duly authorized to execute on its behalf the foregoing Bond pursuant to the attached Power of Attorney, and on behalf of said Surety acknowledged the aforesaid Bond(s) as its act and deed.

Given under my hand this \_\_\_\_\_ 8th \_\_\_\_\_ day of \_\_\_\_\_ March \_\_\_\_\_, 20 \_\_\_\_\_ 16 \_\_\_\_\_

Sandra L. Fusinetti \_\_\_\_\_ (SEAL)  
Notary Public Name (printed or typed) \_\_\_\_\_ Notary Public Signature \_\_\_\_\_

My Commission expires: \_\_\_\_\_ February 13, 2020 \_\_\_\_\_ Registration No. 549253 \_\_\_\_\_

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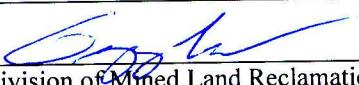
**III. BY ISSUING AGENT:**

1. Attach copy of Agency License and Appointment Card from the Virginia Bureau of Insurance.
2. Attach copy of Agent's License and Appointment Card from the Virginia Bureau of Insurance.

Insurance Agency Issuing Surety Bond (provide the following information):

Agency name: Acrisure LLC dba Smith Manus  
 Agency address: 2307 River Road, Suite 200, Louisville, KY 40206  
 Authorized agent: Brook T. Smith  
 Authorized agent address: 2307 River Road, Suite 200, Louisville, KY 40206  
 Office telephone number: 502-636-9191

**IV. DIVISION APPROVAL:**

ACCEPTED:  Date: 8/24/16  
 Division of Mined Land Reclamation

Department of Mines  
 Minerals and Energy

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8/1/2014

**RE: Consolidation of SMA Surety, Inc. (Smith Manus) to Acrisure, LLC ("Acrisure")**

Greetings,

Over the last couple of years, Acrisure has acquired majority ownership in a number of agencies across the country. It is a unique model, in that operational control and branding remain with the respective agencies after the acquisition occurs. We are proud to announce that on August 1, 2014 Acrisure acquired SMA Surety, Inc.

**What this change means for you:**

**What's changing:** SMA Surety, Inc. will now use Acrisure, LLC's tax identification number and license(s). All contracts should be in the name of Acrisure. If a contract is already in place for Acrisure, Smith Manus's code should be re-assigned under Acrisure's master code.

**What's not changing:** SMA Surety, Inc. (Smith Manus) operations will essentially remain the same and will continue to do business under the existing name. All policies, bonds, forms, POAs, seals, reports and correspondence should remain in the Smith Manus name.

Prior to August 1, 2014		After August 1, 2014
SMA Surety, Inc.	<b>Legal Name</b>	Acrisure, LLC
<ul style="list-style-type: none"> <li>Smith Manus</li> <li>Smith-Manus</li> <li>Smith Manus Surety Bonds</li> <li>SMA Surety</li> </ul>	<b>Operating Name</b>	<ul style="list-style-type: none"> <li>Smith Manus</li> <li>Smith-Manus</li> <li>Smith Manus Surety Bonds</li> <li>SMA Surety</li> </ul>
61-1372649	<b>FEIN</b>	26-3554645
2307 River Rd Suite 200 Louisville, KY 40206	<b>Address</b>	2307 River Rd Suite 200 Louisville, KY 40206

Thank you for your cooperation in this matter. If you have further questions, or need to have additional paperwork, please contact Trish Partin at 800-748-0351, extension 418 or email at [tpartin@acrisure.com](mailto:tpartin@acrisure.com).

We are very excited and optimistic about the opportunities that lie ahead, and look forward to growing with our insurance and surety partners.

Regards,

Brook T. Smith  
President  
SMA Surety, Inc.

Andrew Schutt  
VP of Sales  
Acrisure, LLC

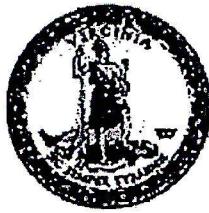
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Compliance Express™

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COMMONWEALTH OF  
VIRGINIA  
BUREAU OF INSURANCE

JACQUELINE K. CUNNINGHAM  
COMMISSIONER OF INSURANCE  
STATE CORPORATION  
COMMISSION  
BUREAU OF INSURANCE  
P.O. BOX 1157  
RICHMOND, VIRGINIA 23218  
TELEPHONE: (804) 371-9631  
TDD/VOICE: (804) 371-9206  
[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)

Licensees shall report to the Bureau within 30 days any change in residence at [www.scc.virginia.gov/boi/online.aspx](http://www.scc.virginia.gov/boi/online.aspx)

A producer licensee is entitled to be appointed as an agent to transact the business of insurance on behalf of Virginia licensed insurers pursuant to Title 38.2 of the Code of Virginia.

This license is perpetual and is in effect from its issue date unless surrendered, terminated, suspended, revoked or an expiration date is noted.

Nonresidents only: This license is limited to the authority granted by the licensee's home state.

## Producer

Health , Life & Annuities , Property & Casualty

**ACRISURE LLC**

PO BOX 1788

GRAND RAPIDS , MI 49501-1788

**is authorized to transact business as described above**

License No: 126043

Issue Date: 04-07-2009

Expiration Date:

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<p>COMMONWEALTH OF VIRGINIA BUREAU OF INSURANCE THIS IS TO CERTIFY THAT</p> <p>ACRISURE LLC PO BOX 1788 , GRAND RAPIDS , MI 49501-1788</p> <p>LICENSE NUMBER: 126043</p>	 <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>Producer</b> Health , Life &amp; Annuities , Property &amp; Casualty</p> <p>Issue Date: 04-07-2009      Generated by Sircon 91663653      Expiration Date:</p>
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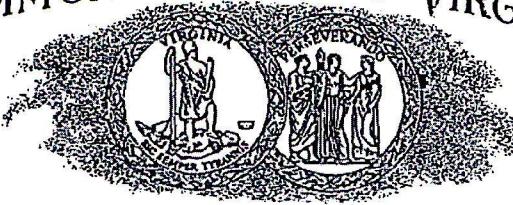
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COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS  
COMMISSIONER OF INSURANCE  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE



P.O. BOX 1157  
RICHMOND, VIRGINIA 23218  
TELEPHONE: (804) 371-9631  
TDD/VOICE: (804) 371-9206  
<http://www.state.va.us/scc>

August 6, 1997

BROOK THOMAS SMITH  
19 POPLAR HILL RD  
LOUISVILLE KY 40207

NONRESIDENT LICENSE

PROPERTY AND CASUALTY INSURANCE

This is to certify that the above-named agent has been granted this license to sell, solicit and negotiate property and casualty insurance as defined in Sections 38.2-110 through 38.2-122.1 and 38.2-124 through 38.2-134, BUT LIMITED TO THE AUTHORITY GRANTED BY THE AGENT'S HOME STATE, under the provisions of Article 3, Chapter 18, Title 38.2 of the Code of Virginia, and is entitled to be appointed as an agent to transact the business of insurance on behalf of insurers licensed to issue such coverage in the Commonwealth of Virginia pursuant to Chapter 10 of Title 38.2 of the Code of Virginia.

This license shall be effective from its date of issue, and shall remain in effect until surrendered, terminated, canceled, suspended, or revoked.

Licensee is currently in compliance with all applicable Virginia Continuing Education requirements through December 31, 2004.

ID: 400-19-9448

License Type: 030

DUPLICATE

Printed: September 9, 2004

Department of Mines  
Minerals and Energy

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\_\_\_\_\_  
Commissioner of Insurance

KEEP THIS CARD IN YOUR POSSESSION  
TOP STRIP MAY BE REMOVED

← FOLD ALONG THIS PERF

STATE CORPORATION COMMISSION APPOINTMENT NUMBER 400199448-13307	BUREAU OF INSURANCE CODE DUR DATE APPOINTED 07-09-03
COMPANY NAME LEXON INSURANCE COMPANY	
BEING DULY LICENSED TO TRANSACT THE BUSINESS OF INSURANCE IN THE COMMONWEALTH OF VIRGINIA HAS APPOINTED AS ITS AGENT.	
AGENT'S NAME BROOK THOMAS SMITH	
ACKNOWLEDGMENT OF APPOINTMENT	

BUREAU OF INSURANCE P.O. BOX 1157, RICHMOND, VIRGINIA 23218 APPOINTMENT NUMBER 400199448-13307	CODE DUR DATE APPOINTED 07-09-03
COMPANY NAME LEXON INSURANCE COMPANY	
AGENT'S NAME AND ADDRESS BROOK THOMAS SMITH 19 POPLAR HILL RD LOUISVILLE, KY 40207	
ACKNOWLEDGMENT OF APPOINTMENT	

Department of Mines  
Minerals and Energy

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## POWER OF ATTORNEY

LX- 271041

## Lexon Insurance Company

KNOW ALL MEN BY THESE PRESENTS, that **LEXON INSURANCE COMPANY**, a Texas Corporation, with its principal office in Louisville, Kentucky, does hereby constitute and appoint: Brook T. Smith, Raymond M. Hundley, Jason D. Cromwell, James H. Martin, Barbara Duncan, Sandra L. Fusinetti, Mark A. Guidry, Jill Kemp, Lynnette Long, Amy Meredith, Deborah Neichter, Jessica Nowlin, Theresa Pickerrell, Sheryon Quinn, Bonnie J. Wortham, Beth Frymire its true and lawful Attorney(s)-In-Fact to make, execute, seal and deliver for, and on its behalf as surety, any and all bonds, undertakings or other writings obligatory in nature of a bond.

This authority is made under and by the authority of a resolution which was passed by the Board of Directors of **LEXON INSURANCE COMPANY** on the 1<sup>st</sup> day of July, 2003 as follows:

Resolved, that the President of the Company is hereby authorized to appoint and empower any representative of the Company or other person or persons as Attorney-In-Fact to execute on behalf of the Company any bonds, undertakings, policies, contracts of indemnity or other writings obligatory in nature of a bond not to exceed \$5,000,000.00, Five Million dollars, which the Company might execute through its duly elected officers, and affix the seal of the Company thereto. Any said execution of such documents by an Attorney-In-Fact shall be as binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company. Any Attorney-In-Fact, so appointed, may be removed for good cause and the authority so granted may be revoked as specified in the Power of Attorney.

Resolved, that the signature of the President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Assistant Secretary, and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power or certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certificate so executed and sealed shall, with respect to any bond of undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS THEREOF, **LEXON INSURANCE COMPANY** has caused this instrument to be signed by its President, and its Corporate Seal to be affixed this 5th day of August, 2015.

Department of Mines  
Minerals and Energy

LEXON INSURANCE COMPANY

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Customer Assistance Center

BY



David E. Campbell  
President



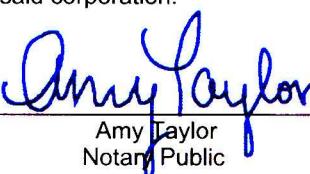
## ACKNOWLEDGEMENT

On this 5th day of August, 2015, before me, personally came David E. Campbell to me known, who be duly sworn, did depose and say that he is the President of **LEXON INSURANCE COMPANY**, the corporation described in and which executed the above instrument; that he executed said instrument on behalf of the corporation by authority of his office under the By-laws of said corporation.



AMY TAYLOR  
Notary Public- State of Tennessee  
Davidson County  
Mv Commission Expires 07-08-19

BY



Amy Taylor  
Notary Public

## CERTIFICATE

I, the undersigned, Assistant Secretary of **LEXON INSURANCE COMPANY**, A Texas Insurance Company, DO HEREBY CERTIFY that the original Power of Attorney of which the forgoing is a true and correct copy, is in full force and effect and has not been revoked and the resolutions as set forth are now in force.

Signed and Seal at Mount Juliet, Tennessee this 8<sup>th</sup> Day of March, 2016.



BY

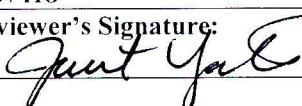


Andrew Smith  
Assistant Secretary

"WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files and application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

DMME/DMLR Office Use Only

## SURETY BOND APPROVAL CHECKLIST

APPLICANT:	Dominion Coal Corporation	Permit Number:	Application Number
REVIEW DATE:	8-5-16	Bond Number:	N/A
REVIEWER:	Janet Yates	Reviewer's Signature: 	
SURETY:	Lexon Insurance Company		
AGENT:	Brook T. Smith	Agency:	Acrisure, LLC DBA Smith Manus

**The following requirements have been met as indicated:**

	<b>1. Page No. 1</b>
Y	The company/principal name matches the permit application and are consistent throughout the document.
Y	The address is correct/consistent with the permit application.
Y	The legal structure checked (LLC, Corp., etc) is correct and consistent with the permit application.
Y	The bond number is consistent on each page of the surety bond form.
Y	The correct surety bond form has been submitted (DMLR-PT-013 REV 08/07)
Y	The surety company listed is consistent throughout the document. (See additional surety company verifications below).
	<b>2. The Surety Company</b>
Y	The Company is licensed to transact fidelity and surety business in the Commonwealth of Virginia. (SCC's Bureau of Insurance 804-371-9186—Tim Gray) <a href="http://www.scc.virginia.gov/division/boi/webpages/findata/fs_rept.pdf">http://www.scc.virginia.gov/division/boi/webpages/findata/fs_rept.pdf</a> 13307 LEXON INSURANCE COMPANY \$103,149,364 \$63,650,760 \$39,498,604
Y	Surety name is identical to name appearing in the SCC's Fidelity & Surety Report.
Y	The Surety has a minimum of \$4 million in net worth (surplus).
Y	Company is listed on the US Dept of Treasury Circular 570. <a href="http://fms.treas.gov/c570/c570_a-z.html">http://fms.treas.gov/c570/c570_a-z.html</a> <b>Lexon Insurance Company (NAIC #13307)</b> BUSINESS ADDRESS: 10002 Shelbyville Rd, Suite 100, Louisville, KY 40223. PHONE: (502) 253-6500. UNDERWRITING LIMITATION b/: \$4,969,000. SURETY LICENSES c,f/: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MP, MT, NE, NV, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, VI, WA, WV, WI, WY. INCORPORATED IN: Texas.
Y	Date Checked: 8/5/16
	<b>3. Face amount of bond</b>

DNREC

Y	Wording/Amount is correct and consistent. No strikeovers, white out, etc
Y	Does not exceed 10% of the Surety Company's net worth (surplus) to policyholders.
N/A	Does exceed 10% of company's net worth (surplus) to policyholders, but is covered by another form of surety.
<b>4. Name and Location</b>	
Y	The mine name is consistent with the permit application.
Y	The correct county (ies) is listed.

	<b>5. Page No. 2</b>
Y	The correct type of number (Permit Application Number or Permit Number) is checked. (Paragraphs 1 & 5)
Y	The correct number is listed in the space provided (Permit Application Number or Permit Number). (Paragraphs 1 & 5)
Y	The area where the bond will be in effect is described in the space provided (permit area, increment #, etc.) (Paragraph 4)

	<b>6. Page No. 3</b>
Y	The Company/Principal matches the information provided on page 1 of the form and the permit application.
Y	The Company/Principal official listed has the authority to sign the document.
Y	The title of the Company/Principal official is listed.
Y	The notarization information is correct. The correct person is listed as signing the document, the dates are consistent and the notary's commission has not expired. <i>Notary seal has been applied if signed outside Virginia.</i>

	<b>7. Page No. 4</b>
Y	The Surety Name matches the information provided on page 1 of the form and is consistent throughout the form. The Surety seal has been applied.
Y	The Attorney-in-Fact has the authority to sign the document. (See additional requirements on Page 5)
Y	The embossed notary seal is in place if the document was notarized outside Virginia.
Y	The notarization information is correct. The correct person is listed as signing the document, the dates and surety name is consistent. The correct state/county is listed and the notary's commission has not expired.

	<b>8. Power of Attorney (POA)</b>
Y	Person signing bond is shown on POA as agent/attorney-in-fact with authority to commit the surety company.

## Business Office Files

N	Does not contain any limitation on the amount of bond that can be written (Note any limitations on amount). <b>(5,000,000.00)</b>
Y	The POA has not been revoked.
Y	The date on the POA is consistent with the date the Attorney-in-Fact signed the bond on page 4.
Y	The correct surety seal is applied to the original POA.
Y	Date Checked: 8/5/16

9. Page No. 5

Y	The Insurance <b>Agency</b> is registered with the SCC to transact business in Virginia. <a href="http://www.state.va.us/scc/division/clk/diracc.htm">www.state.va.us/scc/division/clk/diracc.htm</a>
Y	The <b>Agency</b> is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <a href="http://www.scc.virginia.gov/division/boi/external/app/agentlookup/">http://www.scc.virginia.gov/division/boi/external/app/agentlookup/</a> (Property and Casualty)
Y	A copy of the <b>Agency</b> Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <a href="http://www.scc.virginia.gov/division/boi/external/app/agentlookup/">http://www.scc.virginia.gov/division/boi/external/app/agentlookup/</a> (Property and Casualty)
Y	The <b>Agent</b> is licensed through the Virginia Bureau of Insurance and a copy of the license is attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <a href="http://www.scc.virginia.gov/division/boi/external/app/agentlookup/">http://www.scc.virginia.gov/division/boi/external/app/agentlookup/</a> (Property and Casualty)
Y	A copy of the <b>Agent's</b> Appointment Card from the Virginia Bureau of Insurance is Attached. Verified using NAIC number on SCC interactive database at 804-371-9631. <a href="http://www.scc.virginia.gov/division/boi/external/app/agentlookup/">http://www.scc.virginia.gov/division/boi/external/app/agentlookup/</a> (Property and Casualty)
Y	The <b>Agency</b> telephone number is listed. (502)636-9191

## 10. Division Approval

<b>10. Division Approval</b>	
Y	The designated DMLR official completed the bond approval information.
	<b>COMMENTS:</b>

## Agent License Information

Name BROOK THOMAS SMITH  
City LOUISVILLE  
State KY  
Zip 40207

State of Kentucky  
 Residency  
 Producer Status Active  
 Virginia License 640506  
 Number  
 NPN (National  
 Producer 546897  
 Number)

DMME/DMLR Office Files

**License(s) Detail**

<b>License</b>	<b>License Status</b>	<b>Effective Date</b>	<b>Expiration Date*</b>	
Producer	Active	8/6/1997		
		Qualification	Status	Effective Date
Property & Casualty	Active	Property & Casualty	8/6/1997	

Property & Casualty	7/9/2003	LEXON INSURANCE COMPANY	13307
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**Agency License Information**

**Name ACRISURE LLC**  
**Producer Status Active**  
**Address PO BOX 1788**  
**City GRAND RAPIDS**  
**State MI**  
**Zip 49501-1788**  
**Phone (800) 748-0351**  
**Toll**  
**Email dtauro@acrisure.com**  
**Website**  
**State of Residency Michigan**  
**Virginia License Number 126043**

**Alias(s)**

**Name Alias Type**  
**THE CAMPBELL GROUP Also Known As**

**License(s) Detail License Status Effective Date**  
**Expiration Date\***  
**Producer Active 4/7/2009**

**Qualification Status Effective Date**  
**Health Active 4/7/2009**  
**Life & Annuities Active 4/7/2009**  
**Property & Casualty Active 4/7/2009**

**Surplus Lines Broker Active 1/31/2014 6/30/2016**  
**Qualification Status Effective Date**  
**Surplus Lines Active 1/31/2014**

Property & Casualty	9/9/2014	LEXON INSURANCE COMPANY	13307
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